U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - WITAL	2. Fiscal Year Covered From:		
12965 FILING	新/1111/2004 Through: 112/31/2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name TERRY E DUMNAM	Name Z TUNA. LOCAL 950		
·	Labor Organization File Number ミガルス3p		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 47 WEST FERGOSON AVE	Street 47 WEST FERGUSON PAVE		
City WOOD RIVEC	City Colon Dark (V Lot)		
State ZIP Code + 4 6109.5	State ZIP Code +4 6L095		
5. Position in labor organization.			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer'whose employees you'r organization represents or is actively seeking to represent.			
monotoxy value from all employer whose uniproyees your organization	derived income or other economic benefit of on represents or is activaly seeking to represent.		
6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
	on represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any).  Name	7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.		

## Signature

15. Signature and verification. The undersigned declares, under penalty of	Perjury a	and other applicable pe	enalties of the law, that all of the information
submitted in this report (including the information contained in any accompany			
undersigned's knowledge and belief, true, correct and complete. (See the see	ction on	penalties in the instruc	tions.)
$\lambda + \lambda$			
Signed / July	On		619-0-4-54/
		Date	Telephone Mumber

Name of Person Filing	File Number U- TN, T, AL FILING				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.				
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street					
City State ZIP Code + 4					

14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant

Please be advised that, based on the records that are currently in my possession related to the calendar year 2004, I do not have, to the best of my knowledge, any LM-30 reportable transactions. I am filing this form in order to qualify as part of the DOL amnesty filing for 2004 and the prior five years.